

|  |  |   |   |
|--|--|---|---|
| <b>UNITED STATES HOUSE OF REPRESENTATIVES</b>            |  | <b>FORM A</b>   | Page 1 of 11  |
| <b>CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT</b> |  | For use by Members, officers, and employees                             |   |
| Andy Harris<br>(Full Name)                               |  | 2022255311<br>(Daytime Telephone)                                       |   |
|  |  | LEGISLATIVE RESOURCE CENTER<br>2011 JUN -3 PM 2:58 <i>MC</i>            |   |
|  |  | <b>HAND DELIVERED</b><br>(Office Use Only)                              |   |
| <b>Filer Status</b>                                      | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives<br>State: <u>MD</u><br>District: <u>01</u> | <input type="checkbox"/> Officer Or Employee<br>Employing Office: _____ | <b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b> |
| <b>Report Type</b>                                       | <input checked="" type="checkbox"/> Annual (May 15)  | <input type="checkbox"/> Amendment                                      |   |
|  |  |   | Termination Date: _____   |

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|  |  |
|--|--|
| <p><b>I.</b> Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>   | <p><b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>             |
| <p><b>II.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>  | <p><b>VII.</b> Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p> |
| <p><b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p> | <p><b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>  |
| <p><b>IV.</b> Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>  | <p><b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>   |
| <p><b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>   | <p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>  |

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|                     |  |   |
|---------------------|--|---|
| <b>Trusts--</b>     | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>Exemptions--</b> | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**SCHEDULE I - EARNED INCOME**

Name Andy Harris

Page 2 of 11

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source   | Type                | Amount    |
|--|---------------------|-----------|
| Johns Hopkins University                               | Salary              | \$123,705 |
| State of Maryland                                      | Salary              | \$40,011  |
| Tidewater Anesthesia Associates                        | Anesthesia Services | \$27,000  |
| Medical Mutual Liability Insurance Society of Maryland | Consulting          | \$5,500   |
| Maryland Right to Life                                 | Spouse Salary       | N/A       |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Andy Harris

Page 3 of 11

| <b>BLOCK A</b><br><br><b>Asset and/or Income Source</b><br>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.<br><br>Provide complete names of stocks and mutual funds (do not use ticker symbols.)<br><br>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.<br><br>For rental or other real property held for investment, provide a complete address.<br><br>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.<br><br>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | <b>BLOCK B</b><br><br><b>Year-End Value of Asset</b><br><br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None." | <b>BLOCK C</b><br><br><b>Type of Income</b><br><br>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | <b>BLOCK D</b><br><br><b>Amount of Income</b><br><br>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | <b>BLOCK E</b><br><br><b>Transaction</b><br><br>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|---|--|---|--|---|
| SP First mariner Bank CD  | \$1,001 - \$15,000   | INTEREST  | \$1 - \$200  |   |
| JT M and T Bank Checking  | \$1,001 - \$15,000   | INTEREST  | \$1 - \$200  |   |
| DC1 529, College Savings Plan of MD, Portfolio for College  | \$1,001 - \$15,000   | None  | NONE   |   |
| DC2 529, College Savings Plan of MD, Portfolio for College  | \$15,001 - \$50,000  | None  | NONE   | P   |
| DC2 529, Maryland Prepaid College Trust   | \$1,001 - \$15,000   | None  | NONE   |   |
| DC3 529, College Savings Plan of MD, Portfolio for College  | \$15,001 - \$50,000  | None  | NONE   | P   |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Andy Harris

Page 4 of 11

|     |   |                       |      |      |   |
|-----|---|-----------------------|------|------|---|
| DC3 | 529, Maryland Prepaid College Trust                   | \$1,001 - \$15,000    | None | NONE |   |
| DC4 | 529, College Savings Plan of Maryland, Portfolio 2012 | \$15,001 - \$50,000   | None | NONE | P |
| DC4 | 529, Maryland Prepaid College Trust                   | \$15,001 - \$50,000   | None | NONE |   |
| DC5 | 529, College Savings Plan of MD, Portfolio 2018       | \$15,001 - \$50,000   | None | NONE | P |
| DC5 | 529, Maryland Prepaid College Trust                   | \$15,001 - \$50,000   | None | NONE |   |
|     | Keogh, T Rowe Price, International Discovery          | \$15,001 - \$50,000   | None | NONE |   |
|     | Keogh, T Rowe Price, Money Market                     | \$15,001 - \$50,000   | None | NONE |   |
|     | 403b, American Century, Emerging Markets              | \$50,001 - \$100,000  | None | NONE |   |
|     | 403b, American Century, Global Gold                   | \$100,001 - \$250,000 | None | NONE |   |
|     | 403b, American Century, International Discovery       | \$100,001 - \$250,000 | None | NONE |   |
|     | 403b, American Century, Money Market                  | \$250,001 - \$500,000 | None | NONE |   |
|     | 403b, American Century, Strategic Allocation          | \$50,001 - \$100,000  | None | NONE |   |
|     | 403b, TIAA Traditional                                | \$100,001 - \$250,000 | None | NONE |   |
|     | 403b, CREF Equity Index                               | \$100,001 - \$250,000 | None | NONE |   |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Andy Harris

Page 5 of 11

|  |   |                          |      |      |   |
|--|---|--------------------------|------|------|---|
|  | 403b, CREF Global Equity                                    | \$100,001 -<br>\$250,000 | None | NONE |   |
|  | MD State Retirement, 457,<br>401K, Investment Contract Pool | \$100,001 -<br>\$250,000 | None | NONE | P |
|  | MD State Retirement, 457,<br>401K, Large Cap Value          | \$100,001 -<br>\$250,000 | None | NONE | P |
|  | 403b Vanguard, Mid Cap Index                                | \$15,001 -<br>\$50,000   | None | NONE |   |
|  | 403b Vanguard, Capital<br>Opportunity                       | \$15,001 -<br>\$50,000   | None | NONE |   |
|  | 403b Vanguard, Life Strategy<br>Growth                      | \$15,001 -<br>\$50,000   | None | NONE |   |
|  | 403b Vanguard, REIT Index                                   | \$15,001 -<br>\$50,000   | None | NONE |   |
|  | 403b Vanguard, Money Market                                 | \$100,001 -<br>\$250,000 | None | NONE | P |
|  | 403b Vanguard, Emerging<br>Markets                          | \$50,001 -<br>\$100,000  | None | NONE |   |
|  | 403b Vanguard, Energy                                       | \$15,001 -<br>\$50,000   | None | NONE |   |
|  | 403b Vanguard, Health Care                                  | \$50,001 -<br>\$100,000  | None | NONE |   |
|  | 403b Vanguard, Pacific Index                                | \$15,001 -<br>\$50,000   | None | NONE |   |
|  | 403b Vanguard, Selected Value                               | \$15,001 -<br>\$50,000   | None | NONE |   |
|  | 403b Vanguard, 500 Index                                    | \$1,001 -<br>\$15,000    | None | NONE |   |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Andy Harris

Page 6 of 11

|     |  |                    |                         |                   |   |
|-----|--|--------------------|-------------------------|-------------------|---|
| SP  | IRA Ameritrade, Money Market           | \$1,001 - \$15,000 | None                    | NONE              |   |
|     | IRA Ameritrade, Money Market           | \$1,001 - \$15,000 | None                    | NONE              |   |
| DC3 | Vanguard Wellington                    | \$1,001 - \$15,000 | DIVIDENDS               | \$201 - \$1,000   |   |
| DC3 | Vanguard Money Market                  | \$1,001 - \$15,000 | DIVIDENDS               | \$201 - \$1,000   |   |
| DC4 | Vanguard Tax-managed Growth and Income | \$1,001 - \$15,000 | DIVIDENDS               | \$201 - \$1,000   |   |
| DC4 | Vanguard Wellington                    | \$1,001 - \$15,000 | DIVIDENDS               | \$201 - \$1,000   |   |
| DC4 | Vanguard Money Market                  | \$1,001 - \$15,000 | DIVIDENDS               | \$1 - \$200       |   |
| DC5 | Vanguard 500 Index                     | \$1,001 - \$15,000 | DIVIDENDS               | \$1 - \$200       |   |
| DC5 | Vanguard MidCap Index                  | \$1,001 - \$15,000 | DIVIDENDS               | \$1 - \$200       |   |
| DC5 | Vanguard SmallCap Value                | \$1,001 - \$15,000 | DIVIDENDS               | \$1 - \$200       |   |
| DC5 | Vanguard Money Market                  | \$1,001 - \$15,000 | DIVIDENDS               | \$1 - \$200       |   |
|     | IRA Abbott Labs                        | None               | DIVIDENDS/CAPITAL GAINS | \$1,001 - \$2,500 | S |
|     | IRA Bank of America                    | None               | None                    | NONE              | S |
|     | IRA Baxter Labs                        | None               | DIVIDENDS/CAPITAL GAINS | \$1,001 - \$2,500 | S |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Andy Harris

Page 7 of 11

|    |                                      |                        |                              |                   |   |
|----|--------------------------------------|------------------------|------------------------------|-------------------|---|
|    | IRA Merck Labs                       | \$1,001 -<br>\$15,000  | DIVIDENDS                    | \$1 - \$200       |   |
|    | IRA Comcast                          | None                   | DIVIDENDS                    | \$1 - \$200       | S |
|    | IRA GE                               | None                   | DIVIDENDS                    | \$1 - \$200       | S |
|    | IRA Glaxo                            | None                   | DIVIDENDS/CAPIT<br>TAL GAINS | \$1,001 - \$2,500 | S |
|    | IRA Joseph A Bank                    | \$1,001 -<br>\$15,000  | None                         | NONE              |   |
|    | IRA McCormick                        | \$1,001 -<br>\$15,000  | DIVIDENDS                    | \$1 - \$200       |   |
|    | IRA Oclaro                           | None                   | None                         | NONE              | S |
|    | IRA Sinclair Broadcast               | None                   | DIVIDENDS                    | \$1 - \$200       | S |
| JT | Fidelity Charitable Gift Fund        | \$15,001 -<br>\$50,000 | None                         | NONE              |   |
| JT | T Rowe Price Charitable Gift<br>Fund | \$15,001 -<br>\$50,000 | None                         | NONE              |   |

# SCHEDULE IV - TRANSACTIONS

Name Andy Harris

Page 8 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP,<br>DC,<br>JT | Asset  | Type of<br>Transaction | Capital<br>Gain in<br>Excess<br>of \$200? | Date     | Amount of Transaction |
|------------------|--|------------------------|---|----------|-----------------------|
|                  | 403b Vanguard, Money Market                            | P                      | N/A                                       | monthly  | \$15,001 - \$50,000   |
| DC4              | 529, College Savings Plan of Maryland, Portfolio 2012  | P                      | N/A                                       | monthly  | \$1,001 - \$15,000    |
| DC5              | 529, College Savings Plan of MD, Portfolio 2018        | P                      | N/A                                       | monthly  | \$1,001 - \$15,000    |
| DC2              | 529, College Savings Plan of MD, Portfolio for College | P                      | N/A                                       | monthly  | \$1,001 - \$15,000    |
| DC3              | 529, College Savings Plan of MD, Portfolio for College | P                      | N/A                                       | monthly  | \$1,001 - \$15,000    |
|                  | IRA Abbott Labs  | S                      | Yes                                       | 12-31-10 | \$1,001 - \$15,000    |
|                  | IRA Bank of America                                    | S                      | No  | 12-31-10 | \$1,001 - \$15,000    |
|                  | IRA Baxter Labs  | S                      | Yes                                       | 12-31-10 | \$1,001 - \$15,000    |
|                  | IRA Comcast  | S                      | No  | 12-31-10 | \$1,001 - \$15,000    |
|                  | IRA GE   | S                      | No  | 12-31-10 | \$1,001 - \$15,000    |
|                  | IRA Glaxo  | S                      | Yes                                       | 12-31-10 | \$1,001 - \$15,000    |



# SCHEDULE IV - TRANSACTIONS

Name Andy Harris

Page 9 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP,<br>DC,<br>JT | Asset   | Type of<br>Transaction | Capital<br>Gain In<br>Excess<br>of \$200? | Date     | Amount of Transaction |
|------------------|---|------------------------|---|----------|-----------------------|
|                  | IRA Sinclair Broadcast                                      | S                      | No  | 12-31-10 | \$1,001 - \$15,000    |
|                  | MD State Retirement, 457, 401K, Investment<br>Contract Pool | P                      | N/A                                       | monthly  | \$1,001 - \$15,000    |
|                  | MD State Retirement, 457, 401K, Large Cap<br>Value          | P                      | N/A                                       | monthly  | \$1,001 - \$15,000    |

## SCHEDULE IX - AGREEMENTS

Name Andy Harris

Page 10 of 11

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date     | Parties To    | Terms of Agreement |
|----------|---------------|--------------------|
| 01-05-11 | Johns Hopkins | Leave of Absence   |

## FOOTNOTES

Name Andy Harris

Page 11 of 11

| Number | Section / Schedule | Footnote   | This note refers to the following item |
|--------|--------------------|--|--|
| 1      | Schedule III       | Trust Fund that was not included on last year's filing | T Rowe Price Charitable Gift Fund      |
| 2      | Schedule III       | Trust Fund that was not included on last year's filing | Fidelity Charitable Gift Fund          |

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 11  
 For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

2011 MAY 10 PM 12:30

(Office Use Only) U.S. HOUSE OF REPRESENTATIVES

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| C.A. Dutch Ruppersberger<br>(Full Name) |  | 202-225-3061<br>(Daytime Telephone) |  |
| Filer Status                            | <input checked="" type="checkbox"/> Member of the U.S. House of Representative | State: MD<br>District: 02           | <input type="checkbox"/> Officer Or Employee |
|   | Employing Office   |                                     |  |
| Report Type                             | <input checked="" type="checkbox"/> Annual (May 15)                            | <input type="checkbox"/> Amendment  | <input type="checkbox"/> Termination         |
|   | Termination Date:  |                                     |  |

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|  |   |  |   |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salary or fees) of \$200 or more from any source in the reporting period?<br>If yes, complete and attach Schedule I.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$336 and not otherwise exempt)?<br>If yes, complete and attach Schedule VI.             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?<br>If yes, complete and attach Schedule II.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$336 from one source)?<br>If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?<br>If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?<br>If yes, complete and attach Schedule VIII.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?<br>If yes, complete and attach Schedule IV.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule IX.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>If yes, complete and attach Schedule V.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.   |   |

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|                     |   |   |
|---------------------|---|---|
| <b>Trusts--</b>     | Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>Exemptions--</b> | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**SCHEDULE I - EARNED INCOME**

Name C.A. Dutch Ruppertsberger

Page 2 of 11

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source                     | Type               | Amount   |
|----------------------------|--------------------|----------|
| Baltimore County, Maryland | Retirement Pension | \$89,863 |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name C.A. Dutch Ruppensberger

Page 3 of 11

| BLOCK A   |                                       | BLOCK B  | BLOCK C   | BLOCK D  | BLOCK E  |
|---|---------------------------------------|--|---|--|--|
| Asset and/or Income Source  |                                       | Year-End Value of Asset  | Type of Income  | Amount of Income   | Transaction  |
| <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</p> <p>Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.</p> |                                       | <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p> | <p>Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p> | <p>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.</p> | <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |
|   | Agency & Treasury Bonds (IRA) Ishares | \$50,001 - \$100,000   | INTEREST  | \$201 - \$1,000  |  |
| SP  | American Balanced Fund (IRA)          | \$1,001 - \$15,000   | DIVIDENDS   | NONE   |  |
|   | AMEX SPDR (IRA)                       | \$15,001 - \$50,000  | DIVIDENDS   | \$1,001 - \$2,500  |  |
| JT  | Bank of America                       | \$15,001 - \$50,000  | INTEREST  | \$201 - \$1,000  |  |
| SP  | Bristol Myers Squibb Co. (JJM Trust)  | \$1,001 - \$15,000   | CAPITAL GAINS   | NONE   |  |
|   | Brock Global Energy (IRA)             | None   | DIVIDENDS   | \$1,001 - \$2,500  | S  |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name C.A. Dutch Ruppersberger

Page 4 of 11

|    |  |                         |               |                    |   |
|----|--|-------------------------|---------------|--------------------|---|
| SP | Cohen & Steers Reit & Utility<br>(JJM Trust) | None                    | CAPITAL GAINS | \$1,001 - \$2,500  | S |
| SP | Corporate Office PPTYS TR<br>(JJM Trust)     | \$1,001 -<br>\$15,000   | NONE          | NONE               |   |
| SP | Duke Enegy Corp.<br>(JJM Trust)              | \$1,001 -<br>\$15,000   | CAPITAL GAINS | \$1,001 - \$2,500  |   |
|    | Eaton Vance TAD Income<br>Fund (IRA)         | \$15,001 -<br>\$50,000  | DIVIDENDS     | \$1,001 - \$2,500  |   |
| SP | Eaton Vance TAD Income<br>Fund (IRA)         | None                    | DIVIDENDS     | \$1 - \$200        | S |
|    | Fidelity Energy SVC2<br>(SEP IRA)            | \$15,001 -<br>\$50,000  | NONE          | NONE               |   |
|    | Fidelity Equity Income Fund<br>(IRA)         | \$50,001 -<br>\$100,000 | DIVIDENDS     | \$5,001 - \$15,000 |   |
| SP | First Mariner                                | None                    | INTEREST      | \$201 - \$1,000    | S |
| SP | Gambelli Dividend & Income<br>(JJM Trust)    | None                    | CAPITAL GAINS | \$5,001 - \$15,000 | S |
|    | GE Capital Corp. (IRA)                       | \$15,001 -<br>\$50,000  | DIVIDENDS     | \$1,001 - \$2,500  |   |
| SP | Gladstone Commercial Corp.<br>(JJM Trust)    | None                    | CAPITAL GAINS | \$5,001 - \$15,000 | S |
| SP | Gladstone Investment Corp.<br>(JJM Trust)    | \$1,001 -<br>\$15,000   | NONE          | NONE               |   |
| SP | Growth Fund of America<br>(JJM Trust)        | \$15,001 -<br>\$50,000  | CAPITAL GAINS | \$2,501 - \$5,000  |   |
| SP | High Yield Corporate Bond<br>(IRA)           | None                    | INTEREST      | \$201 - \$1,000    | S |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name C.A. Dutch Ruppertsberger

Page 5 of 11

|   |   |                      |               |                    |   |
|---|---|----------------------|---------------|--------------------|---|
|   | High Yield Corporate Bond (IRA)   | \$15,001 - \$50,000  | INTEREST      | \$1,001 - \$2,500  |   |
|   | Inflation Protected TIPS (IRA) Ishares                                      | \$50,001 - \$100,000 | INTEREST      | \$201 - \$1,000    |   |
|   | Inflation Protected TIPS (IRA) Ishares                                      | \$1,001 - \$15,000   | INTEREST      | \$1 - \$200        |   |
|   | JPM IT MDCAP (SEP IRA)  | \$15,001 - \$50,000  | DIVIDENDS     | \$2,501 - \$5,000  | P |
|   | MFS SunLife Fixed/Variable Annuity - General Account (no specific holdings) | \$15,001 - \$50,000  | INTEREST      | \$1,001 - \$2,500  |   |
|   | MFS SunLife Fixed/Variable Annuity - General Account (no specific holdings) | \$50,001 - \$100,000 | INTEREST      | \$1,001 - \$2,500  |   |
|   | MSCI EAFE INDEX (IRA)   | \$15,001 - \$50,000  | DIVIDENDS     | \$201 - \$1,000    |   |
|   | MSCI Emerging Mkts (IRA)  | \$15,001 - \$50,000  | DIVIDENDS     | \$201 - \$1,000    | P |
|   | MSCI Emerging Mkts (IRA)  | \$1,001 - \$15,000   | DIVIDENDS     | \$1 - \$200        | P |
|   | Neu Ber Genesis Fund (IRA)  | \$50,001 - \$100,000 | INTEREST      | \$5,001 - \$15,000 |   |
|   | NW Fixed Acct. (CASH Acct.) (IRA)   | \$50,001 - \$100,000 | INTEREST      | \$201 - \$1,000    |   |
|   | NW NVIT Gov BD  | \$15,001 - \$50,000  | NONE          | NONE               | P |
|   | OPP NVIT LG CAP   | \$15,001 - \$50,000  | DIVIDENDS     | \$1 - \$200        | P |
| P | Oracle Corp (JJM Trust)   | \$1,001 - \$15,000   | CAPITAL GAINS | \$2,501 - \$5,000  |   |



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name C.A. Dutch Ruppersberger

Page 6 of 11

|    |   |                          |                                |                      |   |
|----|---|--------------------------|--------------------------------|----------------------|---|
|    | Powershares China (IRA)   | \$1,001 -<br>\$15,000    | DIVIDENDS                      | \$1 - \$200          |   |
| SP | Powershares DA (IRA)  | \$1,001 -<br>\$15,000    | DIVIDENDS                      | \$1 - \$200          | P |
|    | Powershares DB (IRA)  | \$15,001 -<br>\$50,000   | DIVIDENDS                      | \$201 - \$1,000      |   |
|    | Rupp & Assoc. Inc. (S Corp)<br>(Blind Trust)<br>Timonium, Md. - Legal/<br>Collections | \$100,001 -<br>\$250,000 | DIVIDENDS                      | \$50,001 - \$100,000 |   |
| SP | Sector Select SPDR Fund<br>(JJM Trust)  | \$1,001 -<br>\$15,000    | CAPITAL GAINS                  | \$1 - \$200          |   |
| SP | Spectra Energy Corp.<br>(JJM Trust)   | \$1,001 -<br>\$15,000    | DIVIDENDS                      | \$201 - \$1,000      |   |
| SP | Staples Inc. (JJM Trust)  | \$1,001 -<br>\$15,000    | CAPITAL GAINS                  | \$2,501 - \$5,000    |   |
| JT | Summer Beach #608<br>Ocean City, MD.  | \$250,001 -<br>\$500,000 | RENT                           | \$5,001 - \$15,000   |   |
| SP | Summit Community Bank   | \$15,001 -<br>\$50,000   | INTEREST                       | \$201 - \$1,000      |   |
|    | TDAM Ins Dep. (IRA)   | \$15,001 -<br>\$50,000   | None                           | NONE                 |   |
| SP | TDAM Ins. Dep. (IRA)  | \$1,001 -<br>\$15,000    | None                           | NONE                 |   |
| SP | Teleflex Inc. (JJM Trust)   | \$1,001 -<br>\$15,000    | CAPITAL<br>GAINS/DIVIDEN<br>DS | \$201 - \$1,000      |   |
| SP | US Govt. MNY MKT.<br>(JJM Trust)  | \$1 - \$1,000            | None                           | NONE                 | P |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name C.A. Dutch Ruppertsberger

Page 7 of 11

|  |                                    |                         |           |                   |   |
|--|------------------------------------|-------------------------|-----------|-------------------|---|
|  | Vanguard US LG CAP (IRA)           | \$15,001 -<br>\$50,000  | DIVIDENDS | \$201 - \$1,000   |   |
|  | Vanguard US Mid CAP (IRA)          | \$50,001 -<br>\$100,000 | DIVIDENDS | \$201 - \$1,000   |   |
|  | Vanguard US SM CAP (IRA)           | \$15,001 -<br>\$50,000  | DIVIDENDS | \$201 - \$1,000   |   |
|  | W & R Advisor High Income<br>(IRA) | \$50,001 -<br>\$100,000 | DIVIDENDS | \$2,501 - \$5,000 | P |

# SCHEDULE IV - TRANSACTIONS

Name C.A. Dutch Ruppertsberger

Page 8 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP,<br>DC,<br>JT | Asset                                     | Type of<br>Transaction | Capital<br>Gain in<br>Excess<br>of \$200? | Date  | Amount of Transaction |
|------------------|---|------------------------|---|-------|-----------------------|
|                  | Brock Global Energy (IRA)                 | S                      | Yes                                       | 10/10 | \$15,001 - \$50,000   |
| SP               | Cohen & Steers Reit & Utility (JJM Trust) | S                      | Yes                                       | 3/10  | \$1,001 - \$15,000    |
| SP               | Eaton Vance TAD Income Fund (IRA)         | S                      | Yes                                       | 11/10 | \$1,001 - \$15,000    |
|                  | Fidelity Contrafund<br>(SEP IRA)          | S                      | No  | 12/10 | \$50,001 - \$100,000  |
| SP               | First Mariner                             | S                      | No  | 12/10 | \$1,001 - \$15,000    |
|                  | Ford Motor Co. (IRA)                      | S                      | No  | 12/10 | \$1,001 - \$15,000    |
| SP               | Gambelli Dividend & Income (JJM Trust)    | S                      | Yes                                       | 5/10  | \$1,001 - \$15,000    |
| SP               | Gladstone Commercial Corp. (JJM Trust)    | S                      | Yes                                       | 5/10  | \$1,001 - \$15,000    |
| SP               | High Yield Corporate Bond<br>(IRA)        | S                      | Yes                                       | 11/10 | \$1,001 - \$15,000    |
|                  | JPM IT MDCAP (SEP IRA)                    | P                      | N/A                                       | 1/10  | \$15,001 - \$50,000   |
| SP               | MSCI Emerging Mkts (IRA)                  | P                      | N/A                                       | 7/10  | \$1,001 - \$15,000    |
|                  | MSCI Emerging Mkts (IRA)                  | P                      | N/A                                       | 12/10 | \$15,001 - \$50,000   |

**SCHEDULE IV - TRANSACTIONS**

Name C.A. Dutch Ruppersberger

Page 9 of 11

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP,<br>DC,<br>JT | Asset                              | Type of<br>Transaction | Capital<br>Gain In<br>Excess<br>of \$200? | Date  | Amount of Transaction |
|------------------|------------------------------------|------------------------|---|-------|-----------------------|
|                  | NW NVIT Gov BD                     | P                      | N/A                                       | 4/10  | \$15,001 - \$50,000   |
|                  | OPP NVIT LG CAP                    | P                      | N/A                                       | 12/10 | \$15,001 - \$50,000   |
| SP               | Powershares DA (IRA)               | P                      | N/A                                       | 10/10 | \$1,001 - \$15,000    |
|                  | W & R Advisor High Income<br>(IRA) | P                      | N/A                                       | 4/10  | \$50,001 - \$100,000  |

## SCHEDULE VIII - POSITIONS

Name C.A. Dutch Ruppertsberger

Page 10 of 11

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position     | Name of Organization                                |
|--------------|---|
| Board Member | University of Baltimore Law School Advisory Council |
| Board Member | University of MD. Medical Systems Shock Trauma      |
| Board Member | United States Navel Academy                         |

## SCHEDULE IX - AGREEMENTS

Name C.A. Dutch Ruppertsberger

Page 11 of 11

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date    | Parties To                                    | Terms of Agreement   |
|---------|---|--|
| 8-24-75 | Baltimore County Employment Retirement System | Baltimore County Pension Plan & Deferred Compensation Plan |

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 8  
For use by Members, officers, and employees

**HAND DELIVERED**

John P. Sarbanes

202-225-4016

2011 MAY 13 PM 12:33

(Full Name)

(Daytime Telephone)

(Office Use Only)

**Filer Status**

☒ Member of the U.S. House of Representatives  
State: MD  
District: 03

☐ Officer Or Employee  
Employing Office:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**Report Type**

☒ Annual (May 15) ☐ Amendment ☐ Termination

Termination Date:

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|  |  |
|--|--|
| <p><b>I.</b> Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/> If yes, complete and attach Schedule I.</p>   | <p><b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/> If yes, complete and attach Schedule VI.</p>             |
| <p><b>II.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/> If yes, complete and attach Schedule II.</p>  | <p><b>VII.</b> Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/> If yes, complete and attach Schedule VII.</p> |
| <p><b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/> If yes, complete and attach Schedule III.</p> | <p><b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/> If yes, complete and attach Schedule VIII.</p>  |
| <p><b>IV.</b> Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br/> If yes, complete and attach Schedule IV.</p>  | <p><b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/> If yes, complete and attach Schedule IX.</p>   |
| <p><b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br/> If yes, complete and attach Schedule V.</p>   | <p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>   |

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|                            |   |  |
|----------------------------|---|--|
| <p><b>Trusts-</b></p>      | <p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>                  | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p><b>Exemptions--</b></p> | <p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p> | <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name John P. Sarbanes

Page 2 of 8

| BLOCK A<br>Asset and/or Income Source<br><small>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.<br/><br/>Provide complete names of stocks and mutual funds (do not use ticker symbols.)<br/><br/>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.<br/><br/>For rental or other real property held for investment, provide a complete address.<br/><br/>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.<br/><br/>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial information or income derived from a federal retirement</small> |   | BLOCK B<br>Year-End Value of Asset<br><small>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</small> | BLOCK C<br>Type of Income<br><small>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</small> | BLOCK D<br>Amount of Income<br><small>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</small> | BLOCK E<br>Transaction<br><small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small> |
|--|---|--|--|---|--|
| DC   | Baltimore County Savings Bank               | None   | INTEREST   | \$1 - \$200   |  |
|  | Charles Schwab Alliance Bernstein Value ADV | None   | DIVIDENDS  | \$2,501 - \$5,000   | S  |
|  | Charles Schwab Dodge & Cox Stock            | \$100,001 - \$250,000  | DIVIDENDS  | \$5,001 - \$15,000  | P  |
|  | Charles Schwab Pimco Total Return Instl     | \$50,001 - \$100,000   | DIVIDENDS  | \$5,001 - \$15,000  |  |
| DC   | Citibank                                    | \$1,001 - \$15,000   | INTEREST   | \$1 - \$200   |  |
| JT   | ING Direct                                  | \$15,001 - \$50,000  | INTEREST   | \$201 - \$1,000   |  |



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name John P. Sarbanes

Page 3 of 8

|    |   |                     |           |                 |   |
|----|---|---------------------|-----------|-----------------|---|
| DC | Maryland College Investment Plan                  | None                | None      | NONE            |   |
| DC | Maryland College Investment Plan                  | \$15,001 - \$50,000 | None      | NONE            |   |
| DC | Maryland College Investment Plan                  | \$15,001 - \$50,000 | None      | NONE            |   |
| JT | Morgan Stanley American Cap World Growth & Income | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 |   |
| JT | Morgan Stanley American Washington Mutual         | \$15,001 - \$50,000 | DIVIDENDS | \$201 - \$1,000 |   |
| JT | Morgan Stanley Growth Fund of America             | \$15,001 - \$50,000 | DIVIDENDS | \$1 - \$200     |   |
| SP | Morgan Stanley Money Market Fund                  | None                | None      | NONE            |   |
| SP | Nationwide Retirement Fid Equity Income Fund      | \$1,001 - \$15,000  | DIVIDENDS | \$201 - \$1,000 |   |
| SP | Nationwide Retirement Vankamp Growth & Inc. Fd A  | \$1,001 - \$15,000  | DIVIDENDS | \$201 - \$1,000 |   |
| SP | Vanguard Traditional IRA Tgt Rtmt 2030            | \$15,001 - \$50,000 | None      | NONE            | P |
| JT | Wachovia Crown Banking                            | \$1,001 - \$15,000  | INTEREST  | \$1 - \$200     |   |
| SP | Wachovia IRA (Certificate of Deposit)             | \$1,001 - \$15,000  | None      | NONE            |   |

# SCHEDULE IV - TRANSACTIONS

Name John P. Sarbanes

Page 4 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Includes transactions that resulted in a loss. Provides a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See examples below.

| SP,<br>DC,<br>JT | Asset   | Type of<br>Transaction | Capital<br>Gain in<br>Excess<br>of \$200? | Date    | Amount of Transaction |
|------------------|---|------------------------|---|---------|-----------------------|
|                  | Charles Schwab Alliance Bernstein Value ADV to CS Dodge & Cox Stock   | S                      | No  | 4-6/10  | \$50,001 - \$100,000  |
|                  | Charles Schwab Dodge & Cox Stock from CS Alliance Bernstein Value ADV | P                      | N/A                                       | 4-6/10  | \$50,001 - \$100,000  |
| SP               | Vanguard Prime Traditional IRA Tgt Ret 2030                           | P                      | N/A                                       | 4/26/10 | \$15,001 - \$50,000   |

# SCHEDULE VI - GIFTS

Name John P. Sarbanes

Page 5 of 8

Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source           | Description                           | Value   |
|------------------|---------------------------------------|---------|
| Byrd Scholarship | Dependent child - College scholarship | \$1,500 |

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name John P. Sarbanes

Page 6 of 8

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source               | Date(s)          | Point of Departure--<br>Destination--Point of Return | Lodging?<br>(Y/N) | Food?<br>(Y/N) | Was a Family<br>Member Included?<br>(Y/N) | Days not at<br>sponsor's<br>expense |
|----------------------|------------------|--|-------------------|----------------|---|-------------------------------------|
| Princeton University | April 18 -<br>20 | Baltimore-Princeton-Baltimore                        | Y                 | Y              | N   | None                                |

## SCHEDULE VIII - POSITIONS

Name John P. Sarbanes

Page 7 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization                       |
|----------|--|
| Director | Institute for Christian and Jewish Studies |

**FOOTNOTES**

Name John P. Sarbanes

Page 8 of 8

| Number | Section / Schedule | Footnote   | This note refers to the following item |
|--------|--------------------|--|--|
| 1      | Schedule III       | Closed by account holder on September 3, 2010 to pay for college tuition.            | Maryland College Investment Plan       |
| 2      | Schedule III       | Closed by account holder on January 15, 2010.  | Baltimore County Savings Bank          |
| 3      | Schedule III       | Balance transferred by account holder on April 26, 2010 to Vanguard Traditional IRA. | Morgan Stanley Money Market Fund       |
| 4      | Schedule III       | Proceeds transferred from Morgan Stanely Money Market Fund.                          | Vanguard Traditional IRA Tgt Rtmt 2030 |

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 3  
For use by Members, officers, and employees

**HAND DELIVERED**

Donna Fern Edwards  
(Full Name)

202/225-8699  
(Daytime Telephone)

2011 MAY 16 PM 1:03  
(Office Use Only)

**Filer Status**

☒ Member of the U.S. House of Representative

State: MD  
District: 4

☐ Officer Or Employee

Employing Office:

**Report Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|  |   |  |   |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?<br>If yes, complete and attach Schedule I.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?<br>If yes, complete and attach Schedule VI.             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?<br>If yes, complete and attach Schedule II.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?<br>If yes, complete and attach Schedule VII. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?<br>If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable position on or before the date of filing in the current calendar year?<br>If yes, complete and attach Schedule VIII.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?<br>If yes, complete and attach Schedule IV.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule IX.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>If yes, complete and attach Schedule V.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.   |   |

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|                     |  |   |
|---------------------|--|---|
| <b>Trusts--</b>     | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>Exemptions--</b> | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Donna Fern Edwards

Page 2 of 3

**BLOCK A**
**Asset and/or Income Source**

Identify (e) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to elect the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

**BLOCK B**
**Year-End Value of Asset**

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

**BLOCK C**
**Type of Income**

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

**BLOCK D**
**Amount of Income**

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

**BLOCK E**
**Transaction**

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

|   |                    |          |             |  |
|---|--------------------|----------|-------------|--|
| Andrews Federal Credit Union, MD                  | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 |  |
| Branch Bank & Trust, MD                           | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 |  |
| Lockheed Federal Credit Union, MD                 | \$1 - \$1,000      | INTEREST | \$1 - \$200 |  |
| Wells Fargo Advisors, NC (Statement Attachment 1) | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 |  |



**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Donna Fern Edwards

Page 3 of 3

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source  | Date(s)                       | Point of Departure--<br>Destination--Point of Return | Lodging?<br>(Y/N) | Food?<br>(Y/N) | Was a Family<br>Member Included?<br>(Y/N) | Days not at<br>sponsor's<br>expense |
|---|-------------------------------|--|-------------------|----------------|---|-------------------------------------|
| Turkish Coalition of<br>America (Itinerary<br>Attachment 2) | March 27-<br>April 3,<br>2010 | DC-JFK--Istanbul-DC                                  | Y                 | Y              | N   | None                                |

ADVISORS

## SNAPSHOT

Current period ending December 31, 2010

ACCOUNT NAME:

DONNA F EDWARDS (IRA)

FCC AS CUSTODIAN

ACCOUNT NUMBER:

Your Financial Advisor:

Phone:

If you have more than one account with us, why not link them and receive summary information for your entire household? Contact Your Financial Advisor for more details.

**Message from Wells Fargo Advisors**

ANNOUNCING NEW IRS COST BASIS ACCOUNTING RULES IN 2011. PLEASE REVIEW THE ENCLOSED BROCHURE FOR DETAILS. TO FIND OUT HOW ECONOMIC CHALLENGES COULD AFFECT YOUR INVESTMENT OPPORTUNITIES IN 2011, VISIT [WELLSFARGOADVISORS.COM/OUTLOOK](http://WELLSFARGOADVISORS.COM/OUTLOOK) TO VIEW OUR ON-DEMAND PRESENTATION.

015615 02 3DG 84 \*\*\*AUTO\*\*3-DIGIT 207  
DONNA F EDWARDS (IRA)  
FCC AS CUSTODIAN



Wells Fargo Advisors, LLC, brokerage account(s) carried by First Clearing, LLC. Wells Fargo Advisors, LLC and First Clearing, LLC, Members FINRA/SIPC are separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company.

Investments and insurance products are:

NOT FDIC-INSURED

NO BANK GUARANTEE

MAY LOSE VALUE

## General instructions and disclosures

### About this statement

#### Clearing services

First Clearing, LLC ("FCC"), an indirect majority owned subsidiary of Wells Fargo & Company, is a clearing broker-dealer registered with the Securities and Exchange Commission ("SEC") and is a member of the New York Stock Exchange ("NYSE"), the Financial Industry Regulatory Authority ("FINRA") and all principal U.S. exchanges. FCC carries your account(s) and acts as your custodian for funds and securities deposited with us directly by you, through our affiliated broker-dealer, Wells Fargo Advisors, LLC ("Wells Fargo Advisors") or as a result of transactions we process for your account. Twice a year, FCC publishes on its web site [www.firstclearingllc.com](http://www.firstclearingllc.com) a statement of the firm's financial condition. Alternatively, a printed statement is available to you upon request. Unless and until we receive written notice from you to the contrary, FCC may, without inquiry or investigation, accept from Wells Fargo Advisors (i) orders for the purchase or sale of securities for your account on margin or otherwise, and (ii) any other instructions concerning your account.

#### Trade date statement

All activity and positions on this statement are shown as of the date a trade is entered on the brokerage trading system (i.e., the trade date). Proceeds from the sale of securities and costs for the purchase of securities are not transacted through your account until the actual settlement date of the trade, which may be up to three business days after the trade date (or longer for certain securities with an extended settlement date).

#### Pricing of securities

Securities prices reflected on your statement may vary from actual liquidation value. Prices shown are provided by outside quotation services which we believe to be reliable but due to the nature of market data the accuracy of such prices cannot be guaranteed, or in the absence of such pricing, are estimated by Wells Fargo Advisors using available information and its judgment. Such estimates may not reflect actual trades and do not reflect a commitment by the firm to buy or sell at those prices. Securities listed on a national exchange such as the NYSE or Nasdaq Stock Market are priced as of the close of the statement period. Unlisted shares may be valued at the current lowest published "bid-price", and, if none exists, the last reported transaction if occurring within the last 45 days. Prices of securities not actively traded may not be available and are indicated by "N/A." Corporate and municipal bonds and other fixed income securities are priced by a computerized pricing service or, for less actively traded issues, by utilizing a yield-based matrix system to arrive at an estimated market value. Listed options are priced based on the closing "bid-ask" prices and the last reported trade. Mutual fund shares are priced at net asset value. Shares of direct participation program ("DPP") and real estate investment trust ("REIT") securities that are not listed on a national exchange are generally illiquid. Because no formal trading market may exist for these investments, their values are estimated. Unless otherwise indicated, the values shown for DPP and REIT securities have been provided by the management of each program and represent that management's estimate of the investor's interest in the net assets of the program. See statement sections for additional pricing information. Prices for hedge funds and certain managed futures funds are provided on a month delay basis. Other managed futures funds may be priced more frequently. Long-term certificates of deposit (maturity beyond one year from date of issue) are priced using a market value pricing model. Generally, the sale or redemption price of your securities may be higher or lower than the prices shown on your statement. For an actual quote, contact the individual servicing your account.

#### Estimated annual income/yield

Estimated Annual Income (EAI), when available, reflects the estimated amount you would earn on a security if your current position and its related income remained constant for a year. Estimated Annual Yield (EAY), when available, reflects the current estimated annual income divided by the current value of the securities as of the statement closing date. EAI and EAY are estimates and the actual income and yield might be lower or higher than the estimated amounts. EAY reflects only the income generated by an investment. It does not reflect changes in its price, which may fluctuate. The information used to derive these estimates is obtained from various outside vendors; FCC and our Firm are not responsible for incorrect or missing estimated annual income and yields. Past performance is not a guarantee of future results.

#### Income summary

The Income summary displays all income as recorded in the tax system as of period end date. The totals in the Cash flow snapshot may not match the totals in the Income snapshot due to reclassifications or other corrections made in the tax system. Remember, you may have certain products that are not included in these figures and whose income is only available on the tax forms sent to you at year-end. Reclassifications and other tax reporting requirements may alter these numbers both during and after year end. You should rely only on tax reporting documents. Contact your tax advisor if you have any questions about the tax consequences of your brokerage activity.

### About your rights and responsibilities

#### Questions and complaints about Your Account

This account statement contains important information about your brokerage account, including recent transactions. All account statements sent to you shall be deemed complete and accurate if not objected to in writing within ten days of receipt. We encourage you to review the details in this statement. If you do not understand any of the information in your statement or if you believe there are any inaccuracies or discrepancies in your statement, you should promptly report them to both FCC and to the manager of the Wells Fargo Advisors office listed on the front of your statement. To further protect your rights, including any rights under the Securities Investor Protection Act, any verbal communications with either your Wells Fargo Advisors office or with FCC should be re-confirmed in writing. Inquiries or complaints about your account statement, including the positions and balances in your account, may be directed to Wells Fargo Advisors Client Services at (866) 887-2402 or First Clearing Client Services at ATTN: H0006-09P, 1 N. Jefferson Ave, St. Louis, MO 63103, (800) 727-0304.

**Public Disclosure:** You may reach FINRA by calling the FINRA Regulation Public Disclosure Program Hotline at (800) 289-9999 or by visiting FINRA Regulation online at [www.finra.org](http://www.finra.org). An investor brochure that includes information describing FINRA BrokerCheck is available from FINRA upon request. A brochure describing the FINRA Pricing of Securities Regulation Public Disclosure Program is also available from the FINRA upon request.

#### SIPC Protection

Securities and cash in client accounts have two sources of protection. Wells Fargo Advisors is a member of the Securities Investor Protection Corporation ("SIPC"). SIPC protects the clients of its member firms against the loss of their securities in the event of the member's insolvency and liquidation. Each client is insured up to a maximum of \$500,000 (including \$250,000 for claims for cash). For more information on SIPC coverage, please see the explanatory brochure at [www.sipc.org](http://www.sipc.org) or contact SIPC at (202) 371-8300. In addition, Wells Fargo Advisors maintains a program of excess protection. This additional insurance coverage is provided through London Underwriters (led by Lloyd's of London Syndicate) ("Lloyd's"). For clients who have received the full SIPC payout limit, Wells Fargo Advisors' policy with Lloyd's provides additional coverage above the SIPC limits for any missing securities and cash in client brokerage accounts up to a firm aggregate limit of \$1 billion (including up to \$1.9 million for cash per client). SIPC and the additional protection do not insure the quality of investments or protect against losses from fluctuating market value.

#### Investor education

Wells Fargo Advisors publishes on its web site [www.wellsfargoadvisors.com](http://www.wellsfargoadvisors.com) information on topics of interest to investors as well as market commentary and economic analysis. Wells Fargo Advisors has also developed numerous investor education guides to provide you with important information regarding the products and services we offer. These guides may be found under the "Investor Education" tab.

#### Free credit balances

Free credit balances are not segregated and may be used by FCC in the operation of its business in accordance with 17CFR Section 240.15c3-2 & -3 under the Securities and Exchange Act of 1934. You have the right to receive from us in the course of normal business operations, subject to any open commitments in any of your accounts, any free credit balances to which you are entitled.

#### Investment objectives/Risk tolerances

Please inform us promptly of any material change that might affect your investment objectives, risk tolerances or financial situation, or if you wish to impose or change any reasonable restrictions on the management of your account. A copy of the Investment Advisory Services Disclosure document is available without charge upon request. Please contact the individual denoted on the front of your statement to update your information and to receive a copy of this document.

#### Tax reporting

We are required by federal law to report annually to you and to the Internal Revenue Service ("IRS") on Form 1099 and 1099B certain interest, dividend income and sales proceeds credited to your account.





## SNAPSHOT

DONNA F EDWARDS (IRA)  
FCC AS CUSTODIANDECEMBER 1 - DECEMBER 31, 2010  
ACCOUNT NUMBER:

## Progress summary

|                 | THIS PERIOD | THIS YEAR   |
|-----------------|-------------|-------------|
| Opening value   | \$14,413.46 | \$14,379.23 |
| Income earned   | 0.12        | 1.45        |
| Change in value | 8.05        | 40.95       |
| Closing value   | \$14,421.83 | \$14,421.63 |

As a Wells Fargo Advisors Client, you can easily simplify your finances by combining all your investing and banking into a single, easy-to-manage relationship. By upgrading to the Command Asset Program, you'll have access to many more features and benefits to help you manage your finances. You'll see all your investing and banking activity on one comprehensive monthly statement. It's as simple as talking with Your Financial Advisor. Ask them today about the Command Asset Program.

## Portfolio summary

|            |                         | PREVIOUS<br>VALUE ON NOV 30 | %     | CURRENT<br>VALUE ON DEC 31 | %     | ESTIMATED<br>ANN. INCOME |
|------------|-------------------------|-----------------------------|-------|----------------------------|-------|--------------------------|
| ASSET TYPE |                         |                             |       |                            |       |                          |
| ASSETS     | Cash and sweep balances | 14,241.81                   | 98.81 | 14,241.93                  | 98.75 | 1                        |
|            | Stocks, options & ETFs  | 171.65                      | 1.19  | 179.70                     | 1.25  | 0                        |
|            | Fixed income securities | 0.00                        | 0.00  | 0.00                       | 0.00  | 0                        |
|            | Mutual funds            | 0.00                        | 0.00  | 0.00                       | 0.00  | 0                        |
|            | Asset value             | \$14,413.46                 | 100%  | \$14,421.63                | 100%  | \$1                      |

## Schedule III

## Attachment 4 of 8

## SNAPSHOT

Page 2 of 6

DONNA F EDWARDS (IRA)  
FCC AS CUSTODIANDECEMBER 1 - DECEMBER 31, 2010  
ACCOUNT NUMBER:

## Cash flow summary

|  | THIS PERIOD | THIS YEAR |
|--|-------------|-----------|
| Opening value of cash and sweep balances | \$14,241.81 |           |
| Income and distributions                 | 0.12        | 1.45      |
| Net additions to cash                    | \$0.12      | \$1.45    |
| Other subtractions                       | 0.00        | -40.00    |
| Net subtractions from cash               | \$0.00      | -\$40.00  |
| Closing value of cash and sweep balances | \$14,241.93 |           |

## Income summary

|                          | THIS PERIOD | THIS YEAR |
|--------------------------|-------------|-----------|
| Money market/sweep funds | 0.12        | 1.45      |
| Total income             | \$0.12      | \$1.45    |

## Gain/loss summary

|            | THIS PERIOD REALIZED | THIS YEAR REALIZED |
|------------|----------------------|--------------------|
| Short term | 0.00                 | 0.00               |
| Long term  | 0.00                 | 0.00               |
| Total      | \$0.00               | \$0.00             |



## SNAPSHOT

DONNA F EDWARDS (IRA)  
FCC AS CUSTODIANDECEMBER 1 - DECEMBER 31, 2010  
ACCOUNT NUMBER:

## Retirement summary

IRA Plan Value \$14,421.63

CUSTODIAN EIN

A portion of these assets may not be covered by SIPC. Bank products are covered by FDIC insurance up to \$250,000 in accordance with FDIC rules.

REVIEW THE SECTION "IMPORTANT IRA INFORMATION" CONTAINED IN THE ENCLOSED INSERT "IMPORTANT INFORMATION REGARDING YOUR ACCOUNT." FOR INFORMATION ABOUT YOUR RETIREMENT PLAN ASSETS, CONTACT YOUR FINANCIAL ADVISOR.

This is your individual retirement account (IRA) Fair Market Value statement. The amount reflected in the "IRA Fair Market Value" will be furnished to the Internal Revenue Service as shown on your Form 5498. Any corrections made to your market value after December 31, 2010 will result in a corrected "IRA Portfolio Holding Valuation and Form 5498" being issued to you.

If you turn 70 1/2 in 2011, you must take a Required Minimum Distribution (RMD) with respect to your IRA by April 1st of 2012. If you turned 70 1/2 prior to 2011, you must take an RMD payment by December 31, 2011. The RMD amount indicated below is recalculated each year and may yield a different result. In accordance with IRS instructions, we will report to the IRS if you are required to receive an RMD for that calendar year. Please contact us if you need the details of the RMD calculations or your current year RMD amount.

## ACCOUNT INFORMATION

|                              |             |
|------------------------------|-------------|
| IRA Fair Market Value        | \$14,421.63 |
| Account Holder Birthdate:    |             |
| Attained Age as of 12/31/10: |             |

This beneficiary information is based upon the most recent data available and is being provided as a service to you. In the event of death, your most recent beneficiary designation on file will govern.

|                                 |               |
|---------------------------------|---------------|
| PRIMARY BENEFICIARY INFORMATION | % ENTITLEMENT |
| JARED LANE EDWARDS COLEMA       | 100.00%       |

## RETIREMENT TRANSACTIONS

|                      |        |
|----------------------|--------|
| CONTRIBUTION SUMMARY | AMOUNT |
| Contributions        |        |
| 2010 FOR 2010        | \$0.00 |

|                           |        |
|---------------------------|--------|
| 2010 DISTRIBUTION SUMMARY | AMOUNT |
| Gross Distributions       | \$0.00 |

Contact us if information on this page requires updates.

Your Financial Advisor:

## Schedule III

## Attachment 6 of 8

Page 4 of 6

## SNAPSHOT

DONNA F EDWARDS (IRA)  
FCC AS CUSTODIANDECEMBER 1 - DECEMBER 31 2010  
ACCOUNT NUMBER:

## Your Financial Advisor

Phone:

Please visit us at [www.wellsfargoadvisors.com](http://www.wellsfargoadvisors.com).

## Account profile

|                                      |                               |
|--------------------------------------|-------------------------------|
| Full account name:                   | DONNA F EDWARDS (IRA)         |
| Account type:                        | FCC AS CUSTODIAN              |
| Brokerage account number:            | Individual Retirement Account |
| Tax status:                          | Retirement                    |
| Investment objective/Risk tolerance: | MODERATE GROWTH               |
| Cost Basis Election:                 | First in, First out           |
| Sweep option:                        | BANK DEPOSIT SWEEP            |

## For your consideration

Go paperless. Accessing all of your account documents online is easy and costs nothing. To participate, go to [wellsfargoadvisors.com](http://wellsfargoadvisors.com) and click on the Access Online "Client Login" link in the upper right hand corner of the homepage. If you already have a User ID and Password, please log in and click on the "Delivery Preferences" link found under the Accounts & Services tab to turn off paper delivery of your account documents. If you do not have a User ID and Password, please click on the "Sign up online" link on the right side of the Access Online login page or call 877-879-2495 for assistance.

## Document delivery status

|                             | Paper | Electronic |
|-----------------------------|-------|------------|
| Statements:                 | X     |            |
| Trade confirmations:        | X     |            |
| Tax documents:              | X     |            |
| Shareholder communications: | X     |            |



DONNA F EDWARDS (IRA)  
FCC AS CUSTODIAN

DECEMBER 1 - DECEMBER 31, 2010  
ACCOUNT NUMBER:

## Portfolio detail

### Cash and Sweep Balances

Bank Deposit Sweep - Consists of monies held in one or more FDIC-insured depository account(s) established with Wells Fargo Bank, N.A. Additional funds over \$250,000 are deposited at one or more additional banks affiliated with Wells Fargo Advisors. These assets are not covered by SIPC, but are instead covered by FDIC insurance in accordance with FDIC rules. For additional information on the Bank Deposit Sweep for your account please contact Your Financial Advisor.

| DESCRIPTION                          | ANNUAL PERCENTAGE<br>YIELD EARNED* | CURRENT<br>MARKET VALUE | ESTIMATED<br>ANNUAL INCOME |
|--------------------------------------|------------------------------------|-------------------------|----------------------------|
| BANK DEPOSIT SWEEP                   | 0.01                               | 14,241.93               | 1.42                       |
| Interest Period 12/01/10 - 12/31/10  |                                    |                         |                            |
| <b>Total Cash and Sweep Balances</b> |                                    | <b>\$14,241.93</b>      | <b>\$1.42</b>              |

\* APY measures the total amount of the interest paid on an account based on the interest rate and the frequency of the compounding during the interest period. The annual percentage yield is expressed as an annualized rate, based on a 365- or 366-day year (as applicable).

### Stocks, options & ETFs

#### Stocks and ETFs

| DESCRIPTION   | QUANTITY | ADJ PRICE/<br>ORIG PRICE | ADJ COST/<br>ORIG COST | CURRENT<br>PRICE | CURRENT<br>MARKET VALUE | UNREALIZED<br>GAIN/LOSS | ESTIMATED        |                     |
|---|----------|--------------------------|------------------------|------------------|-------------------------|-------------------------|------------------|---------------------|
|   |          |                          |                        |                  |                         |                         | ANNUAL<br>INCOME | ANNUAL<br>YIELD (%) |
| GAYLORD ENTERTAINMENT<br>CL A<br>GET<br>Acquired 10/03/01 | 5        | 19.45                    | 149.25                 | 35.9400          | 179.70                  | 30.45                   | N/A              | N/A                 |
| <b>Total Stocks and ETFs</b>                              |          |                          | <b>\$149.25</b>        |                  | <b>\$179.70</b>         | <b>\$30.45</b>          |                  |                     |
| <b>Total Stocks, options &amp; ETFs</b>                   |          |                          | <b>\$149.25</b>        |                  | <b>\$179.70</b>         | <b>\$30.45</b>          |                  |                     |

### Bank Deposit Sweep Allocation

Monies on deposit at each bank, together with any other deposits held in the same insurable capacity at each bank, are eligible for FDIC insurance up to \$250,000 per depositor, per bank in accordance with FDIC rules for a total of up to \$750,000 in FDIC insurance when deposited at multiple banks. These assets are not held in your securities brokerage account and therefore not covered by SIPC. Settlement timing differences will cause balances displayed in this section to vary from those indicated in the Portfolio detail section due to activity that occurs after 2 PM ET on the last business day of the month. If you have questions about your sweep option, including rates, please contact Your Financial Advisor.

| DESCRIPTION                | CURRENT VALUE      | AS OF<br>VALUE DATE |
|----------------------------|--------------------|---------------------|
| WELLS FARGO BANK, N.A.     | 14,241.81          | 12/31               |
| <b>Total Bank Deposits</b> | <b>\$14,241.81</b> |                     |



## Schedule III

## Attachment 8 of 8

6 of 6

DONNA F EDWARDS (IRA)  
FCC AS CUSTODIANDECEMBER 1 - DECEMBER 31, 2010  
ACCOUNT NUMBER:

## Activity detail

| DATE  | ACCOUNT TYPE | TRANSACTION | QUANTITY | DESCRIPTION        | PRICE | AMOUNT | CASH AND SWEEP<br>BALANCES |
|-------|--------------|-------------|----------|--------------------|-------|--------|----------------------------|
| 12/01 |              |             |          | BEGINNING BALANCE  |       |        | 14,241.81                  |
| 12/31 | Cash         | INTEREST    |          | BANK DEPOSIT SWEEP |       | 0.12   | 14,241.93                  |

## Cash sweep activity

Our Cash Sweep program allows you to earn a return on the idle cash balances in your account by automatically investing such balances into one of our cash sweep options. These 'sweep transactions' may represent a net amount for the day and occur on settlement date. The following section displays transfers into and out of your sweep option. Transactions displayed here are Transfer To, Transfer From and Reinvested Dividends and Interest. These transaction amounts are not included in your cash flow summary.

| DATE  | TRANSACTION  | DESCRIPTION        | AMOUNT    | DATE  | TRANSACTION | DESCRIPTION    | AMOUNT    |
|-------|--------------|--------------------|-----------|-------|-------------|----------------|-----------|
| 12/01 |              | BEGINNING BALANCE  | 14,241.81 | 12/31 |             | ENDING BALANCE | 14,241.93 |
| 12/31 | REINVEST INT | BANK DEPOSIT SWEEP | 0.12      |       |             |                |           |

## Specific instructions and disclosures

## Cost basis

This statement presents estimated unrealized or realized gains or losses for your information only. If acquisition or other information is not available, the gain/loss information may not be displayed and section and summary totals may not reflect your complete portfolio. Cost basis information is not verified by FCC or Wells Fargo Advisors and should not be relied upon for legal or tax purposes. Revisions to this information (due to corporate mergers, tenders and other reorganizations) may be required from time to time. To update your cost information or provide omitted cost information, contact Your Financial Advisor.

Cost basis for factored bonds (GNMA, CMO, etc.) will be adjusted for paydown of principal. Systematic investments in mutual funds and reinvested dividends for mutual funds and stocks have been consolidated for each position. Unit cost data for systematic investments and dividend reinvestment securities is provided for informational purposes only and is a non-weighted average.

Your account statement should not be used for tax preparation without assistance from your tax consultant because it does not constitute an official accounting of gains/losses. We do not report capital gains or losses to the IRS.

## IRA withholding notice

Form W-4P/OMB No. 1454-0415

The withdrawals you receive from your IRA (except Education IRA) are subject to Federal income tax withholding unless you elect not to have withholding apply. If you have a periodic, or an "on demand" distribution, your election regarding our withholding of Federal income tax on your behalf stays in effect until you change it. You may change or revoke your election at any time and as often as you wish by completing a new election form. If you elect check writing privileges, you will also have previously elected to have no withholding on your withdrawals. If you decide to have taxes withheld you will not be eligible for check writing from your IRA. If you elect not to have taxes withheld you will be liable for payment of all taxes due on the taxable portion of your distribution and you may be responsible for payment of estimated tax. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.



**TCA SPONSORED CONGRESSIONAL MEMBER VISIT TO TURKEY**

**March 27<sup>th</sup> through April 3<sup>rd</sup>, 2010**

**Saturday, March 27, 2010**

5:30pm Depart John F Kennedy Airport (JFK) on Turkish Airlines Flight 0002

**Sunday, March 28, 2010**

10:10am Arrive at Istanbul Atatürk Airport (IST)

11:30am Check-in to Hyatt Regency

8:00pm Boat trip and TCA Welcoming Dinner on m/y Ceylan with members of the Turkish business community

**Monday, May 29, 2010**

10:00am Briefing by NGO representatives at the Turkish Cultural Foundation (TCF)

12:00pm Lunch and lecture by cultural expert at TCF

1:00pm Briefings by President of the Turkish Coalition of America and Program Director of the Turkish Cultural Foundation on their respective organizations at TCF

2:30pm Roundtable discussion with minority community representatives at TCF

7:30pm TCA Dinner with Faruk Eczacıbasi

**Tuesday, March 30, 2010**

9:00am Depart Istanbul via ferry

11:00am Arrive in Bursa

11:30am Meeting with historian at Green Mosque and Green Tomb

1:30pm Meeting with historian at Silk Bazaar and Grand Mosque

4:00pm Depart Bursa by bus for Istanbul

**Bursa, where Silk Road caravans converged:**

Located in northwestern Turkey, Bursa is the country's fourth largest city. A major center for agricultural and automotive production, it is most famous for its textile industry dating back to the medieval era. Strategically located at the end of the Silk Road, Prusa (as it was historically known) was an important trade hub for silk among other valuable textiles. Upon its capture in 1326 by Sultan Orhan I, Bursa was named the first capital of the Ottoman Empire. Accordingly, it is home to numerous significant religious monuments and the mausoleums of both Sultan Orhan I and his father Sultan Osman I, the founder of the Ottoman Empire. Legend has it that Turkey's famous shadow puppets, Karagöz and Hacivat, were inspired by two laborers in Bursa whose banter entertained their coworkers and subsequently slowed down a mosque's construction, which cost them their lives. Their humorous conversations live on in theater productions and a monumental tomb in their honor can today be found in their hometown.

**Wednesday, March 31, 2010**

10:00am Lecture on a Mevlid ceremony

11:30am Meeting with historian at Hagia Sophia and Blue Mosque

1:00pm Luncheon meeting with historian at the Topkapı Palace

2:30pm Cultural briefing by historian at the Grand and Spice Bazaars

7:30pm TCA Dinner with members of the press (off the record)

**Thursday, April 1, 2010**

8:00am Depart İstanbul Atatürk Airport  
9:05am Arrive at Ankara Esenboğa Airport  
10:00am Wreath laying ceremony at Anıtkabir (Atatürk's Mausoleum)  
12:00pm Luncheon meeting with U.S. Ambassador James Jeffrey  
2:30pm Meeting with Prime Minister Recep Tayyip Erdoğan or Foreign Minister Ahmet Davutoğlu  
5:00pm TCA reception at Hacettepe University  
7:00pm Gala celebrating the establishment of Hacettepe University's Jazz Conservatory -- the first such conservatory established in the region

**Friday, April 2, 2010**

9:30am Educational roundtable with Turkish students at Robert College (High School)  
11:00am Educational roundtable with Turkish students at Bahcesehir University  
12:30pm Lunch at Feriye Restaurant  
2:00pm Meeting with historian at Istanbul Archaeological Museum  
7:00pm Dinner and forum on "African American-Turkish Connections Through the Arts" at Bahcesehir University

**Saturday, April 3, 2010**

11:20am Depart İstanbul Atatürk Airport (IST) on Turkish Airlines Flight 0005  
3:15pm Arrive at Chicago O'Hare International Airport (ORD)  
6:05pm Depart Chicago O'Hare International Airport (ORD) on United Airlines Flight 0624  
8:54pm Arrive at Reagan National Airport (DCA)

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 0 of 8  
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 12:46

MC

Steny H. Hoyer  
 (Full Name)

202-225-3130  
 (Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES  
**HAND DELIVERED**  
 (Office Use Only)

|                     |   |   |  |                                      |   |
|---------------------|---|---|--|--------------------------------------|---|
| <b>Filer Status</b> | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: MD<br>District: 05                           | <input type="checkbox"/> Officer Or Employee | Employing Office:                    | <b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b> |
|                     | <b>Report Type</b>  | <input checked="" type="checkbox"/> Annual (May 15) | <input type="checkbox"/> Amendment           | <input type="checkbox"/> Termination |   |

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|  |   |  |   |
|--|---|--|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?<br>If yes, complete and attach Schedule I.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?<br>If yes, complete and attach Schedule VI.             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?<br>If yes, complete and attach Schedule II.  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?<br>If yes, complete and attach Schedule VII. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?<br>If yes, complete and attach Schedule III. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?<br>If yes, complete and attach Schedule VIII.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?<br>If yes, complete and attach Schedule IV.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | IX. Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule IX.   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>If yes, complete and attach Schedule V.   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.   |   |

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

|                     |  |   |
|---------------------|--|---|
| <b>Trusts-</b>      | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>Exemptions--</b> | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**SCHEDULE I - EARNED INCOME**

Name Steny H. Hoyer

Page 2 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source                           | Type                | Amount      |
|----------------------------------|---------------------|-------------|
| Maryland State Retirement Agency | Legislative Pension | \$20,481.24 |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Steny H. Hoyer

Page 3 of 8

| BLOCK A  | BLOCK B   | BLOCK C   | BLOCK D  | BLOCK E   |
|--|---|---|--|---|
| <b>Asset and/or Income Source</b><br>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.<br><br>Provide complete names of stocks and mutual funds (do not use ticker symbols.)<br><br>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.<br><br>For rental or other real property held for investment, provide a complete address. | <b>Year-End Value of Asset</b><br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | <b>Type of Income</b><br>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | <b>Amount of Income</b><br>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | <b>Transaction</b><br>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.<br><br>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or   |   |   |  |   |
| Berkshire Income Realty  | None  | CAPITAL GAINS   | \$2,501 - \$5,000  | S   |
| Citibank NA Bank Deposit Program   | \$1,001 - \$15,000  | INTEREST  | \$1 - \$200  |   |
| Congressional Federal Credit Union   | \$15,001 - \$50,000   | INTEREST  | \$201 - \$1,000  |   |
| Digital Angel Corp.  | \$1 - \$1,000   | None  | NONE   |   |
| Income Fund of America   | None  | DIVIDENDS   | \$1,001 - \$2,500  | S   |
| Investment Company of America  | None  | DIVIDENDS   | \$201 - \$1,000  | S   |

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Steny H. Hoyer

Page 4 of 8

|  |   |                       |           |                   |   |
|--|---|-----------------------|-----------|-------------------|---|
|  | Legg Mason Value Trust Fund                           | None                  | DIVIDENDS | \$1,001 - \$2,500 | S |
|  | Telkonet  | \$1,001 -<br>\$15,000 | None      | NONE              |   |
|  | Western Asset Government<br>Money Market Fund Class A | \$1,001 -<br>\$15,000 | INTEREST  | \$1 - \$200       |   |

**SCHEDULE IV - TRANSACTIONS**

Name Steny H. Hoyer

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP,<br>DC,<br>JT | Asset                         | Type of<br>Transaction | Capital<br>Gain in<br>Excess<br>of \$200? | Date     | Amount of Transaction |
|------------------|-------------------------------|------------------------|---|----------|-----------------------|
|                  | Berkshire Income Realty       | S                      | No  | 12-21-10 | \$1,001 - \$15,000    |
|                  | Income Fund of America        | S                      | No  | 12-21-10 | \$50,001 - \$100,000  |
|                  | Investment Company of America | S                      | No  | 12-21-10 | \$15,001 - \$50,000   |
|                  | Legg Mason Value Trust Fund   | S                      | No  | 12-21-10 | \$100,001 - \$250,000 |



## SCHEDULE VIII - POSITIONS

Name Steny H. Hoyer

Page 6 of 8

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization                 |
|----------|--------------------------------------|
| Member   | St. Mary's College Board of Trustees |

## SCHEDULE IX - AGREEMENTS

Name Steny H. Hoyer

Page 7 of 8

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date     | Parties To        | Terms of Agreement  |
|----------|-------------------|---|
| 01/03/78 | State of Maryland | Pension annuity for service in Maryland State Senate (see Schedule I) |

**FOOTNOTES**

Name Steny H. Hoyer

Page 8 of 8

| Number | Section / Schedule | Footnote   | This note refers to the following item |
|--------|--------------------|--|--|
| 1      | Schedule IV        | Sales proceeds were applied to Thrift Savings Plan | Berkshire Income Realty                |
| 2      | Schedule IV        | Sales proceeds were applied to Thrift Savings Plan | Income Fund of America                 |
| 3      | Schedule IV        | Sales proceeds were applied to Thrift Savings Plan | Investment Company of America          |
| 4      | Schedule IV        | Sales proceeds were applied to Thrift Savings Plan | Legg Mason Value Trust Fund            |

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A  
For use by Members, officers, and employees

Page 1 of 10

LEGISLATIVE RESOURCE CENTER

2011 MAY 23 AM 11:49

Elijah E. Cummings  
(Full Name)

410-685-9199  
(Daytime Telephone)

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
**POSTMARK ILLEGIBLE**  
(Office Use Only)

MC

|              |  |                                    |  |                   |
|--------------|--|------------------------------------|--|-------------------|
| Filer Status | <input checked="" type="checkbox"/> Member of the U.S. House of Representative | State: MD<br>District: 07          | <input type="checkbox"/> Officer Or Employee | Employing Office: |
|              |  |                                    |  |                   |
| Report Type  | <input checked="" type="checkbox"/> Annual (May 15)                            | <input type="checkbox"/> Amendment | Termination Date:                            |                   |
|              |  |                                    |  |                   |

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

|   |   |
|---|---|
| I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, complete and attach Schedule I.   | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, complete and attach Schedule VI.             |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, complete and attach Schedule II.  | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, complete and attach Schedule VII. |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, complete and attach Schedule III. | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, complete and attach Schedule VIII.  |
| IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, complete and attach Schedule IV.  | IX. Did you have any reportable agreement or arrangement with an outside entity?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If yes, complete and attach Schedule IX.   |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>If yes, complete and attach Schedule V.   | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.  |

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

|              |   |
|--------------|---|
| Trusts--     | Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |
| Exemptions-- | Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

**SCHEDULE I - EARNED INCOME**

Name Elijah E. Cummings

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source   | Type                       | Amount   |
|--|----------------------------|----------|
| Global Policy Solutions, LLC - Spouse                                    | Spouse Salary              | N/A      |
| California School Boards Association Foundation - Spouse                 | Spouse Speaking Engagement | \$2,500  |
| National Association of Counties Financial Services Corporation - Spouse | Spouse Board Honoraria     | \$15,000 |
| Transtria Advisory Board- Spouse   | Spouse Board Honoraria     | \$750    |
| Public Health Institute Advisory Board - Spouse                          | Spouse Board Honoraria     | \$1,500  |

**SCHEDULE II - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

Name Elijah E. Cummings

Page 3 of 10

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package. Employees may request a green envelope from the Clerk or use a plain envelope that is appropriately labeled.

| Source   | Activity | Date           | Amount  |
|--|----------|----------------|---------|
| Paraprofessional Educational Conference, Baltimore, MD | speech   | Jan. 29, 2010  | \$1,000 |
| Cherry Hill United Methodist Church, Baltimore, MD     | speech   | Feb. 19, 2010  | \$300   |
| Morgan State University Foundation Baltimore, MD       | speech   | April 15, 2010 | \$2,000 |
| National Bar Association                               | speech   | April 30, 2010 | \$500   |
| NAACP  | speech   | May 2, 2010    | \$300   |
| American College of Sports Medicine                    | speech   | June 2, 2010   | \$1,000 |
| Christian Life Church                                  | speech   | June 6, 2010   | \$500   |
| St. Edwards Roman Catholic Church                      | speech   | June 13, 2010  | \$200   |
| Progressive National Baptist Convention                | speech   | Aug. 6, 2010   | \$1,000 |
| New Shiloh Baptist Church                              | speech   | Oct. 3, 2010   | \$200   |

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Elijah E. Cummings

Page 4 of 10

| BLOCK A   | BLOCK B   | BLOCK C   | BLOCK D  | BLOCK E   |
|---|---|---|--|---|
| <b>Asset and/or Income Source</b><br>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.<br><br>Provide complete names of stocks and mutual funds (do not use ticker symbols.)<br><br>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.<br><br>For rental or other real property held for investment, provide a complete address.<br><br>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.<br><br>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or | <b>Year-End Value of Asset</b><br>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." | <b>Type of Income</b><br>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period. | <b>Amount of Income</b><br>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. | <b>Transaction</b><br>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| SP 1830 11th St., NW, Ste 1, Washington, DC 20001   | \$500,001 - \$1,000,000   | RENT  | \$50,001 - \$100,000   |   |
| 2014 Madison Ave. Baltimore, MD 21217   | \$250,001 - \$500,000   | RENT  | \$5,001 - \$15,000   |   |
| SP 2221 St. Paul St., Baltimore, MD 21218 (Rental Property)   | \$250,001 - \$500,000   | RENT  | \$15,001 - \$50,000  |   |
| 2225 St. Paul Street Baltimore, MD 21218  | None  | None  | NONE   | S   |
| Elijah Cummings, PA Baltimore, MD 2   | None  | No income per House Rules.  | NONE   |   |

Continued Existence for resolving claims only.

**SCHEDULE III- ASSETS AND "UNEARNED" INCOME**

Name Elijah E. Cummings

Page 5 of 10

|    |   |                          |   |                    |   |
|----|---|--------------------------|---|--------------------|---|
| SP | Global Policy Solutions, LLC<br>Washington, DC  | \$250,001 -<br>\$500,000 | Other: (Please<br>specify)<br>Consulting<br>Income/Other:<br>(Please specify) | N/A See Schedule 1 |   |
| SP | Merrill Lynch (401k)<br>Blackrock Global        | \$1,001 -<br>\$15,000    | Other:  | \$2,501 - \$5,000  |   |
| SP | Merrill Lynch (401k)<br>Blackrock Large CAP     | \$1,001 -<br>\$15,000    | Other:  | \$1,001 - \$2,500  |   |
| SP | Merrill Lynch (401k)<br>Blackrock Value         | \$1,001 -<br>\$15,000    | Other:  | \$2,501 - \$5,000  |   |
| SP | Merrill Lynch (401k)<br>Davis NY Venture        | \$1,001 -<br>\$15,000    | Other   | \$2,501 - \$5,000  |   |
| SP | Merrill Lynch (401k)<br>Evergreen Core Bond CLC | \$1,001 -<br>\$15,000    | Other:  | \$5,001 - \$15,000 |   |
| SP | TIAA CREF (403b)<br>CREF Growth                 | None                     | Other:  | NONE               | S |
| SP | TIAA CREF (403b)<br>CREF Stock                  | None                     | Other:  | NONE               | S |
| SP | TIAA CREF (403b)<br>TIAA Real Estate            | None                     | Other: (loss)   | NONE               | S |
| SP | TIAA CREF (403b)<br>TIAA Traditional            | None                     | INTEREST  | NONE               | S |
| SP | TIAA CREF(403b)<br>CREF Bond Market             | None                     | Other:  | NONE               | S |
| SP | TIAA CREF(403b)<br>CREF Global Equities         | None                     | Other:<br>(Loss)  | NONE               | S |
| SP | Vanguard (403)(b)(7)<br>500 Index Fund Inv      | None                     | Other:  | NONE               | S |



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Elijah E. Cummings

Page 6 of 10

|    |   |                       |          |                 |   |
|----|---|-----------------------|----------|-----------------|---|
| SP | Vanguard (403)(b)(7)<br>Asset Allocation Fund Inv               | None                  | Other:   | NONE            | S |
| SP | Vanguard (403)(b)(7)<br>Windsor Fund Investor                   | None                  | Other:   | NONE            | S |
| SP | Wright Patman Roth IRA<br>Congressional Federal Credit<br>Union | \$1,001 -<br>\$15,000 | INTEREST | \$201 - \$1,000 |   |

**SCHEDULE IV - TRANSACTIONS**Name **Elijah E. Cummings**

Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| SP,<br>DC,<br>JT | Asset  | Type of<br>Transaction | Capital<br>Gain in<br>Excess<br>of \$200? | Date       | Amount of Transaction      |
|------------------|--|------------------------|---|------------|----------------------------|
| SP               | Cash In TIAA CREF (403b) Retirement Funds<br>(All - See, Schedule III) | S                      | Yes                                       | 04-01-10   | \$15,001 - \$50,000        |
| SP               | Cash in Vanguard Retirement Funds (All-See.<br>Schedule III)           | S                      | Yes                                       | 04-01-10   | \$15,001 - \$50,000        |
|                  | Interest in 2225 St. Paul Street, Baltimore, MD                        | S                      | No  | 10-01-2010 | \$2,500 (No Gain nor Loss) |

**SCHEDULE V - LIABILITIES**Name **Elijah E. Cummings**

Page 8 of 10

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP,<br>DC,<br>JT | Creditor  | Date<br>Liability<br>Incurred | Type of Liability                                    | Amount of Liability   |
|------------------|---|-------------------------------|--|-----------------------|
|                  | CitiMortgage, Inc<br>O'Fallon, Missouri         | 11/20/2004                    | Mortgage on 2014 Madison<br>Ave., Baltimore          | \$15,001 - \$50,000   |
|                  | CitiBank Home Line of Credit<br>San Antonio, TX | 11/26/2004                    | Home Equity Mortgage                                 | \$50,001 - \$100,000  |
| SP               | First Horizon, TN                               | 3/27/2007                     | 1st Mortgage on 1830 11th<br>St., NW, Washington, DC | \$250,001 - \$500,000 |
| SP               | National City Bank, OH<br>(Now PNC Bank)        | 2/27/2007                     | 2nd Mortgage on 1830 11th<br>St., NW, Washington, DC | \$100,001 - \$250,000 |
| SP               | America's Servicing Company, Iowa               | 3/13/2006                     | 1st Mortgage on 2221 St.<br>Paul St., Baltimore      | \$250,001 - \$500,000 |
| SP               | EMC Mortgage Corp., TX                          | 3/13/2006                     | 2nd Mortgage on 2221 St.<br>Paul St., Baltimore      | \$50,001 - \$100,000  |

**SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS**

Name Elijah E. Cummings

Page 9 of 10

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source                                     | Date(s)  | Point of Departure--<br>Destination--Point of Return | Lodging?<br>(Y/N) | Food?<br>(Y/N) | Was a Family<br>Member Included?<br>(Y/N) | Days not at<br>sponsor's<br>expense |
|--|----------|--|-------------------|----------------|---|-------------------------------------|
| Progressive National<br>Baptist Convention | Aug. 5-6 | BWI-Orlando-BWI                                      | Y                 | Y              | N   | None                                |

**SCHEDULE VIII - POSITIONS**

Name Elijah E. Cummings

Page 10 of 10

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

| Position | Name of Organization   |
|----------|--|
| Member   | US Naval Academy Board of Visitors   |
| Member   | Morgan State University Board of Regents   |
| Member   | Maryland Zoo Board of Trustees   |
| Member   | Baltimore Aquarium Board of Trustees   |
| Member   | Baltimore Area Council of Boy Scouts of America Board of Trustees                      |
| Member   | Yale-Howard Nursing Partnership Center to Reduce Health Disparities Advisory Committee |
| Chairman | Maritime for Primary and Secondary Education Coalition (MPSEC)                         |

|   |   |   |   |
|---|---|---|---|
| <b>UNITED STATES HOUSE OF REPRESENTATIVES</b><br><b>CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT</b> |   | Form A<br>For use by Members, officers, and employees | <b>HAND DELIVERED</b><br>LEGISLATIVE RESOURCE CENTER<br>2011 MAY 16 AM 11:18<br>U.S. HOUSE OF REPRESENTATIVES<br>MC (Office Use Only) |
| Name: <u>Chris Van Hollen</u> Daytime Telephone: <u>202-225-5341</u>                                      |   |   |   |
| <b>Filer Status</b>   | <input checked="" type="checkbox"/> Member of the U.S. House of Representatives | State: <u>md</u> District: <u>8</u>                   | <input type="checkbox"/> Officer or Employee<br>Employing Office: _____   |
| <b>Report Type</b>  | <input checked="" type="checkbox"/> Annual (May 16, 2011)                       | <input type="checkbox"/> Amendment                    | <input type="checkbox"/> Termination<br>Termination Date: _____   |

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

|  |  |
|--|--|
| I. Did you or your spouse have "earned" income (a.g., salaries or fees) of \$200 or more from any source in the reporting period?<br>If yes, complete and attach Schedule I.   | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?<br>If yes, complete and attach Schedule VI.             |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?<br>If yes, complete and attach Schedule II.  | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?<br>If yes, complete and attach Schedule VII. |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?<br>If yes, complete and attach Schedule III. | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?<br>If yes, complete and attach Schedule VIII.  |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?<br>If yes, complete and attach Schedule IV.                                      | IX. Did you have any reportable agreement or arrangement with an outside entity?<br>If yes, complete and attach Schedule IX.   |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?<br>If yes, complete and attach Schedule V.   |  |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| <b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>  |  |

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

|  |   |
|--|---|
| <b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |



# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name

Page 3 of 5

| BLOCK A<br>Asset and/or Income Source   |           |                                  | BLOCK B<br>Value of Asset  |               |                    |                     |                      |                       |                       |                         |                           |                            |                             |                   | BLOCK C<br>Type of Income   |           |      |          |               |              | BLOCK D<br>Amount of Income  |      |             |                 |                   |                   |                    |                     |                      |                         |                           | BLOCK E<br>Transaction   |             |
|---|-----------|----------------------------------|--|---------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------------|----------------------------|-----------------------------|-------------------|---|-----------|------|----------|---------------|--------------|--|------|-------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|---------------------------|--|-------------|
| <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p> |           |                                  | <p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year end is included only because it generated income, the value should be “None.”</p> |               |                    |                     |                      |                       |                       |                         |                           |                            |                             |                   | <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if the asset generated no income during the reporting period.</p> |           |      |          |               |              | <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check “None” if no income was earned or generated.</p> |      |             |                 |                   |                   |                    |                     |                      |                         |                           | <p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> |             |
|   |           |                                  | A  | B             | C                  | D                   | E                    | F                     | G                     | H                       | I                         | J                          | K                           | L                 | NONE  | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/ALL | Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  | I    | II          | III             | IV                | V                 | VI                 | VII                 | VIII                 | IX                      | X                         | XI   |             |
|   |           |                                  | None   | \$1 - \$1,000 | \$1,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | NONE  | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/ALL | Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  | None | \$1 - \$200 | \$201 - \$1,000 | \$1,001 - \$2,500 | \$2,501 - \$5,000 | \$5,001 - \$15,000 | \$15,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | Over \$5,000,000   |             |
| SP, DC, JT  | Examples: | SP Mega Corp. Stock              |  |               |                    | X                   |                      |                       |                       |                         |                           |                            |                             |                   |   | X         |      |          | X             |              | Royalties  |      |             |                 | X                 |                   |                    |                     |                      |                         |                           |  | S (partial) |
|   |           | Simon & Schuster                 |  |               | Indefinite         |                     |                      |                       |                       |                         |                           |                            |                             |                   |   |           | X    |          |               |              |  |      |             |                 |                   |                   |                    |                     |                      |                         |                           |  |             |
|   |           | 1st Bank of Paducah, KY Accounts |  |               |                    |                     | X                    |                       |                       |                         |                           |                            |                             |                   |   |           | X    |          |               |              |  |      |             |                 |                   | X                 |                    |                     |                      |                         |                           |  |             |
|   |           | Congressional Fed Credit Union   |  |               |                    | X                   |                      |                       |                       |                         |                           |                            |                             |                   |   |           |      | X        |               |              |  |      | X           |                 |                   |                   |                    |                     |                      |                         |                           |  |             |
|   |           | PepsiCo, Inc. stock              |  |               |                    | X                   |                      |                       |                       |                         |                           |                            |                             |                   |   | X         |      |          |               |              |  |      | X           |                 |                   |                   |                    |                     |                      |                         |                           |  |             |
|   |           | General Electric stock           |  |               | X                  |                     |                      |                       |                       |                         |                           |                            |                             |                   |   | X         |      |          |               |              |  |      | X           |                 |                   |                   |                    |                     |                      |                         |                           |  |             |
|   |           | Yum Brands, Inc. stock           |  |               | X                  |                     |                      |                       |                       |                         |                           |                            |                             |                   |   | X         |      |          |               |              |  |      | X           |                 |                   |                   |                    |                     |                      |                         |                           |  |             |
|   |           | Arvest Fox Pension Plan          |  |               |                    | X                   |                      |                       |                       |                         |                           |                            |                             |                   |   |           |      |          |               | N/A          |  |      |             |                 |                   |                   |                    |                     |                      |                         |                           |  |             |
|   |           | Cigna Retirement Series          |  |               |                    |                     |                      |                       |                       |                         |                           |                            |                             |                   |   |           |      |          |               |              |  |      |             |                 |                   |                   |                    |                     |                      |                         |                           |  |             |

For additional assets and unearned income, use next page.



**Continuation Sheet (if needed)**Page 4 of 5

**This page may be copied if more space is required.**

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

| Position           | Name of Organization                    |
|--------------------|---|
| Board of Directors | Boys & Girls Club of Greater Washington |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

| Date | Parties To | Terms of Agreement |
|------|------------|--------------------|
|      |            |                    |
|      |            |                    |
|      |            |                    |
|      |            |                    |
|      |            |                    |
|      |            |                    |